Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Katie Porter For Congress PO Box 5176 ADDRESS (number and street) (Check if address is changed) Irvine 92617 CA CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS smele@mbacg.com (Check if address is changed) Optional Second E-Mail Address porter@mbacg.com COMMITTEE'S WEB PAGE ADDRESS (URL) https://katieporter.com/ (Check if address is changed) DATE 2022 C00636571 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Warren, Alexander, , , Type or Print Name of Treasurer Warren, Alexander, , , [Electronically Filed] Date 10 2022 Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use

Toll Free 800-424-9530 Local 202-694-1100

(Revised 06/2012)

EC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	e candidate
Name of Candidate Porter, Katherine, , ,	
Candidate Party Affiliation DEM Office Sought: House Senate President	State CA District 47
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the Republican,	c, , etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:
Corporation Corporation w/o Capital Stock Labor C	Organization
Membership Organization Trade Association Coopera	
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	d fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PA	AC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
Committees Participating in Joint Fundraiser	
1 C	
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	FEC Form 1 (Revised	d 02/2009)	Page 3
٧	Nrite or Type Committee Nar	ne	
	Katie Porter F	For Congress	
6.	Name of Any Connected California Candida	Organization, Affiliated Committee, Joint Fundraising Representes Victory Fund	ntative, or Leadership PAC Sponsor
	Mailing Address	777 S. Figueroa St.	
		Suite 4050	
		Los Angeles	CA 90017 -
		CITY ▲ STA	ATE ▲ ZIP CODE ▲
	Relationship: Connect	ed Organization Affiliated Organization Joint Fundraising Rep	presentative Leadership PAC Sponso
7.	Custodian of Records: Ide	entify by name, address (phone number optional) and position of the	person in possession of committee
	Mele, St	even, , ,	
	Full Name		
	Mailing Address	611 Pennsylvania Avenue SE	
		Ste. 143	
		Washington C	DC 20003 -
		CITY ▲ STA	ATE ▲ ZIP CODE ▲
	Title or Position ▼	G =	Z COBL —
	Assistant Treasurer	Telephone number	
8.	Treasurer: List the name any designated agent (e.g	and address (phone number optional) of the treasurer of the con	nmittee; and the name and address of
	Full Name Warren,	Alexander, , ,	
	of Treasurer		
	Mailing Address	PO Box 5176	
		Irvine	CA 92617
		CITY ▲ STA	ATE ▲ ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	

FEC Form 1	I (Revised 02/2009)	Page 4
Full Name of Designated Agent	Mele, Steven, , ,	
Mailing Address	611 Pennsylvania Avenue SE	
	Ste. 143	
	Washington DC	20003
Title or Position	CITY ▲ STATE ▲	ZIP CODE ▲
Assistant Treasu		
	Depositories: List all banks or other depositories in which the committee deposits exes or maintains funds.	s funds, holds accounts, rents
Name of Bank, D	Depository, etc.	
	Amalgamated Bank	
Mailing Address	1825 K Street NW	
	Washington DC	20006
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, D	Depository, etc.	
	SchoolsFirst Federal Credit Union	
Mailing Address	P.O. Box 11547	
	Santa Ana	92711
	CITY ▲ STATE ▲	ZIP CODE ▲

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5(a)	or(h). Joint Fundraisin	ng Particinant		
O(g) (1		FEC ID number	C
	2.		FEC ID number	C
			FEC ID number	C
	3.			
	4.		FEC ID number	C
6.	Name of Any Connected Lofgren Victory Fu	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
	Mailing Address	c/o Contribution Solutions LLC		
		1346 The Alameda #7-380		
		San Jose	CA	95126
	Relationship:	CITY A	STATE A	ZIP CODE ▲
	Connected	d Organization Affiliated Committee	Fundraising Representa	Leadership PAC Sponsor
8.	Designated Agent: Identify	y by name, address (phone number – optional)		
	Full Name			
	Mailing Address			
	Mailing Address			
	ivialility Address			
	ivialing Address			<u> </u>
		CITY A	STATE A	ZIP CODE ▲
	TITLE OR POSITION		STATE A	ZIP CODE ▲
9.	TITLE OR POSITION Banks or Other Deposito	Te	lephone Number	
9.	TITLE OR POSITION	Te	lephone Number	
9.	TITLE OR POSITION Banks or Other Deposito safety deposit boxes or ma	Te	lephone Number	
9.	Banks or Other Deposito safety deposit boxes or ma	Te pries: List all banks or other depositories in which saintains funds.	lephone Number	
9.	Banks or Other Deposito safety deposit boxes or many Name of Bank, Depository, etc.	pries: List all banks or other depositories in which a aintains funds. Sboro Bank	lephone Number	
9.	Banks or Other Deposito safety deposit boxes or many Name of Bank, Depository, etc.	pries: List all banks or other depositories in which a aintains funds. Sboro Bank	lephone Number	

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5(a)	or(h). Joint Fundraising	n Participant:		
O(9)	1.	,	FEC ID number	C
	2.		FEC ID number	C
			FEC ID number	C
	3.		FEC ID number	C
	4.		FEG ID Hullibel	C
6.	Name of Any Connected (Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
	Mailing Address	PO Box 15320		
		Washington	DC	20003
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee X Joint	Fundraising Representa	Leadership PAC Sponsor
8.	Designated Agent: Identify Full Name	by name, address (phone number – optional)		
	Mailing Address	1		
	Maining Address			
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
		Te	elephone Number	
9.	Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc. Mailing Address	ies: List all banks or other depositories in which intains funds.	the committee deposit	s funds, holds accounts, rents
9.	Name of Bank, Depository, etc.		the committee deposit	s funds, holds accounts, rents

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or(h). Joint Fundrais	ing Participant:	FF0 ID	C
1.		FEC ID number	
2.		FEC ID number	C
3.		FEC ID number	C
4		FEC ID number	C
	d Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
Katie Porter Vict	ory Fund		
Mailing Address	611 Pennsylvania Ave SE		
	Ste 143		
	Washington	DC	20003
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Affiliated Committee Joint Affiliated Committee Joint ify by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Spon
Designated Agent: Ident		Fundraising Representa	Leadership PAC Spon
Designated Agent: Ident		Fundraising Representa	Leadership PAC Spon
Designated Agent: Ident			Leadership PAC Spon
Designated Agent: Ident Full Name Mailing Address	ify by name, address (phone number – optional)	Fundraising Representation	Leadership PAC Spon
Designated Agent: Ident	ify by name, address (phone number – optional)		
Designated Agent: Ident Full Name Mailing Address TITLE OR POSITIO	ify by name, address (phone number – optional) CITY Te Ories: List all banks or other depositories in which the	STATE A	ZIP CODE A
Designated Agent: Ident Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit safety deposit boxes or not not be provided by the control of the posit safety deposit boxes or not be posit boxes.	ify by name, address (phone number – optional) CITY Te Ories: List all banks or other depositories in which the	STATE A	ZIP CODE A
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisir	ng Participant:		
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2.		FEC ID numbe	r C
3.		FEC ID numbe	r C
4.		FEC ID numbe	r C
4.			
	Organization, Affiliated Committee, Jo	pint Fundraising Representa	tive, or Leadership PAC Spor
Nadler Victory Fu	nd 		1 1 1 1 1 1 1 1 1
Mailina Adalus	200 W 79th St		
Mailing Address	#8N		
			40004
	New York	NY NY	10024
Relationship:	CITY A	STATE	▲ ZIP CODE ▲
	d Organization Affiliated Committee y by name, address (phone number – o	Joint Fundraising Represe	entative Leadership PAC S
			entative Leadership PAC S
esignated Agent: Identif			entative Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – o	ptional)	
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esignated Agent: Identif	y by name, address (phone number – o	ptional) STATE	
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – o	ptional)	
Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – o CITY CITY ries: List all banks or other depositories	ptional) STATE Telephone Number	ZIP CODE A
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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Mailing Address				
ame of Bank, epository, etc.				
anks or Other Depositor afety deposit boxes or ma		or other depositories in whi	ch the committee depo	sits funds, holds accounts, rent
	· 		Telephone Number	
TITLE OR POSITION		CITY A	STATE ▲	ZIP CODE ▲
Mailing Address				
Full Name				
esignated Agent: Identify	by name, address	(phone number – optional)		
Connected	I Organization	Affiliated Committee	oint Fundraising Represe	ntative Leadership PAC Sp
Relationship:		CITY A	STATE	▲ ZIP CODE ▲
	Washington		DC	20003
-				
Mailing Address	600 Pennsylvania	a Ave SE #15180		
Democracy Defen	ders			
	_	iated Committee, Joint Fu	ndraising Representat	ive, or Leadership PAC Spons
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TITLE OR POSITION	▼				E 🛦
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Full Name					
Designated Agent: Identify	by name, address	(phone number – optional			
Connected	d Organization	Affiliated Committee	oint Fundraising Represe	entative Leadership	PAC Spo
Relationship:		CITY A	STATE	▲ ZIP CO	DE 🛦
	Washington		DC	20003	- , ,
Mailing Address	PO Box 15320			1 1 1 1 1 1 1 1	1 1 1
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Name of Any Connected	Organization Affilia	ated Committee, Joint Fu	ndraising Representat	tive or Leadership DA	C Spone
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisi r	•		
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3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected House Victory Pro	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
Li L			
Mailing Address	600 Pennsylvania Ave SE #15180		
	Washington	, DC	20003
Dalatianahin			
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee Join y by name, address (phone number – optional)	nt Fundraising Representa	ative Leadership PAC Sp
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